

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

Phillip E. Gibbons, Esq.
2330 Professional Drive, #200
Roseville, CA 95661



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:
Steven McIntosh, Co-Trustee
2942 Moorings Parkway
Snellville, GA 30039

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA
COUNTY OF PLACER

APN: 1318-15-210-005

We, **AGATHA RENEE McINTOSH** and **ABRAHAM STEVEN McINTOSH, III**, of legal age, being first duly sworn, depose and say:

That **ABRAHAM McINTOSH JR.**, the decedent mentioned in the attached certified copy of Certificate of Death (Exhibit "A"), is the same person as **ABRAHAM McINTOSH JR.** named as the Grantor in that certain Trust Transfer Deed dated July 11, 2003, executed by **ABRAHAM McINTOSH** and **ALBERTA C. McINTOSH**, husband and wife, as Grantors, to **ABRAHAM McINTOSH JR.** and **ALBERTA C. McINTOSH**, Trustees of **THE McINTOSH FAMILY 2003 REVOCABLE TRUST**, recorded on July 18, 2003, in Book 0703, at Page 08466, of Official Records of Douglas County, Nevada, covering the real property in the County of Douglas, State of Nevada, described on the Exhibit "B" attached hereto.


Property Commonly Known As: 475 kent Way, Round Hill Village #3, S. Lake Tahoe, NV

Under the terms of the Trust Agreement, upon the death of **ABRAHAM McINTOSH JR.**, **ALBERTA C. McINTOSH** shall serve as sole trustee. **ALBERTA C. McINTOSH** resigned as trustee, the resignation is attached hereto as Exhibit "C." As such, the undersigned have agreed to serve as co-Trustees (Exhibit "D"), and are now the presently co-Trustees of the trust.

Dated: 1/22/ 2016


AGATHA RENEE McINTOSH, Trustee of
THE McINTOSH FAMILY 2003 REVOCABLE TRUST

Dated: January 19, 2016


ABRAHAM STEVEN McINTOSH, III, Trustee of
THE McINTOSH FAMILY 2003 REVOCABLE TRUST

JURAT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) ss.
COUNTY OF Sacramento

Subscribed and sworn to (or affirmed) before me on this 22 day of Jan, 2016, by **AGATHA RENEE McINTOSH**, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Notary Public

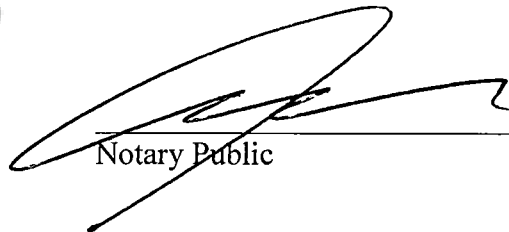


JURAT

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STATE OF CALIFORNIA)
) ss.
COUNTY OF PLACER)

Subscribed and sworn to (or affirmed) before me on this 19th day of January, 2016, by **ABRAHAM STEVEN McINTOSH, III**, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Notary Public

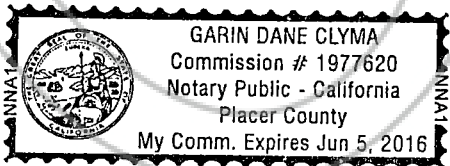


Exhibit "A"
Death Certificate of ABRAHAM McINTOSH JR.

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052015215828
STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WIPES/OUTS OR ALTERATIONS
VS-1 (REV 3/05)

3201534010039
LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1 NAME OF DECEDENT - FIRST (Given) ABRAHAM		2 MIDDLE -		3 LAST (Family) MCINTOSH JR	
	4A ALSO KNOWN AS - Include full AKA (FIRST MIDDLE LAST)			4 DATE OF BIRTH mm/dd/ccyy 10/15/1924		5 AGE Yrs 91
	9 BIRTH STATE/FOREIGN COUNTRY GA		10 SOCIAL SECURITY NUMBER 6359		11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	12 MARITAL STATUS/SRDP (at Time of Death) MARRIED		7 DATE OF DEATH mm/dd/ccyy 11/07/2015		8 HOUR (24 Hours) 0207	
USUAL RESIDENCE	13 EDUCATION - Highest Level/Degree PROFESSIONAL		14/15 WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes see work sheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEDENT'S RACE Up to 3 races may be listed (see worksheet on back) BLACK	
	17 USUAL OCCUPATION - type of work for most of life DO NOT USE RETIRED DOCTOR		18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) HEALTH CARE		19 YEARS IN OCCUPATION 33	
	20 DECEDENT'S RESIDENCE (Street and number or location) 6971 HOGAN DRIVE					
SPOUSE/SRDP AND PARENT INFORMATION	21 CITY SACRAMENTO		22 COUNTY/PROVINCE SACRAMENTO		23 ZIP CODE 95822	
	24 YEARS IN COUNTY 60		25 STATE/FOREIGN COUNTRY CA			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	26 INFORMANT'S NAME, RELATIONSHIP ALBERTA C MCINTOSH, WIFE		27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 6971 HOGAN DRIVE, SACRAMENTO, CA 95822			
	28 NAME OF SURVIVING SPOUSE/SRDP - FIRST ALBERTA		29 MIDDLE -		30 LAST (BIRTH NAME) CAMPBELL	
	31 NAME OF FATHER/PARENT - FIRST ABRAHAM		32 MIDDLE -		33 LAST MCINTOSH SR	
PLACE OF DEATH	35 NAME OF MOTHER/PARENT - FIRST CATHERINE		36 MIDDLE -		37 LAST (BIRTH NAME) MCIVER	
	38 BIRTH STATE GA		39 BIRTH STATE GA		39 BIRTH STATE GA	
PLACE OF DEATH	39 DISPOSITION DATE mm/dd/ccyy 11/11/2015		40 PLACE OF FINAL DISPOSITION WALLACE DEVERGER CEMETERY HARMONY LANE, TOWNSEND, GA			
	41 TYPE OF DISPOSITION(S) TR/BU		42 SIGNATURE OF EMBALMER SHIRLEY WHITE		43 LICENSE NUMBER EMB7258	
	44 NAME OF FUNERAL ESTABLISHMENT MORGAN JONES FUNERAL HOME		45 LICENSE NUMBER FD855		46 SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD	
	47 DATE mm/dd/ccyy 11/10/2015		48 SIGNATURE OF LOCAL REGISTRAR			
CAUSE OF DEATH	101 PLACE OF DEATH RESIDENCE		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> E/OP <input type="checkbox"/> ODA		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Other	
	104 COUNTY SACRAMENTO		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 6971 HOGAN DRIVE		106 CITY SACRAMENTO	
	107 CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as "as a result of respiratory arrest" or "ventricular fibrillation" without showing the etiology. DO NOT ABBREVIATE. (A) STAGE IV PROSTATE CANCER		108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109 BOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	IMMEDIATE CAUSE (if not disease or condition resulting in death) (B) YRS		110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICIAN'S CERTIFICATION	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES MELLITUS TYPE II		113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ILM 107 OR 112? (if yes, list type of operation and date) NO		113A IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent: Last Surname, First Name, Middle Initial 10/14/2015 11/06/2015		115 SIGNATURE AND TITLE OF CERTIFIER JOHN F MACMILLAN JR, MD		116 LICENSE NUMBER A68840	
	117 TYPE AND NATURE OF PHYSICIAN'S NAME MAILING ADDRESS ZIP CODE 2315 STOCKTON BOULEVARD, SACRAMENTO, CA 95817		118 SIGNATURE AND TITLE OF CERTIFIER JOHN FREDERICK MACMILLAN JR MD			
CORONER'S USE ONLY	119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicidal <input type="checkbox"/> Hanging <input type="checkbox"/> Handing <input type="checkbox"/> Insect <input type="checkbox"/> Other <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE mm/dd/ccyy	
	122 HOUR (24 Hours)					
	123 PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)					
	124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125 LOCATION OF INJURY (Street and number, or location and city, and zip)						
126 SIGNATURE OF CORONER / DEPUTY CORONER			127 DATE mm/dd/ccyy		128 TYPE NAME TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR	A	B	C	D	E	010001003081096*	FAX AUTH.#	CENSUS TRACT
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SACRAMENTO } SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

DATE ISSUED: **November 13, 2015**

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

* 001549380 *

Olivia Kasirye MD
LOCAL REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "B"
Property Description

Being all of Lot 18, in Block A, as shown on the Map entitled Round Hill Village, Unit No. 3, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 24, 1965, as Document No. 30185.

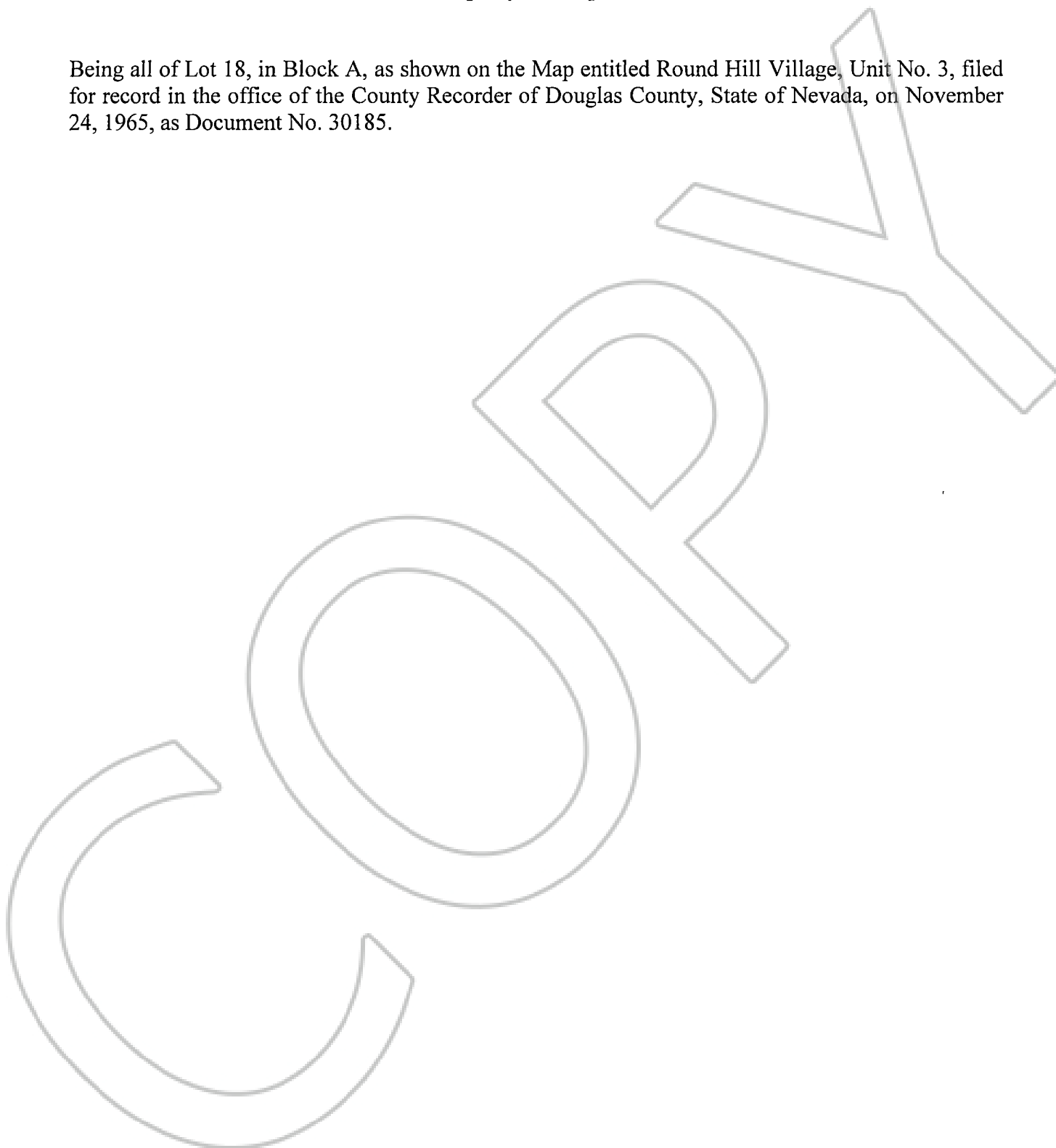


EXHIBIT "C"
Resignation of ALBERTA C. McINTOSH

COPY

RESIGNATION OF TRUSTEE
THE McINTOSH FAMILY 2003 REVOCABLE TRUST

I, **ALBERTA C. McINTOSH**, surviving Settlor and Trustee of **THE McINTOSH FAMILY 2003 REVOCABLE TRUST** dated July 11, 2003, hereby resign as Trustee effective immediately, and pursuant to Article Fifteen of said trust agreement I hereby appoint **AGATHA RENEE McINTOSH** and **ABRAHAM STEVEN McINTOSH, III**, to act as Successor co-Trustees of **THE McINTOSH FAMILY 2003 REVOCABLE TRUST**, effective immediately.

Dated: January 19, 2016


ALBERTA C. McINTOSH
Settlor and Trustee

ACKNOWLEDGMENT

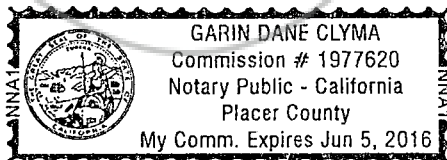
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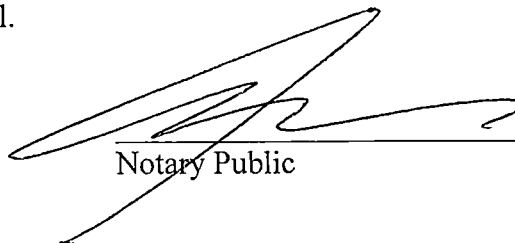
STATE OF CALIFORNIA)
) ss.
COUNTY OF PLACER)

On January 19, 2016, before me, Garin Dane Clyma, Notary Public, personally appeared **ALBERTA C. McINTOSH**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.





Notary Public

EXHIBIT "D"
Acceptance by
AGATHA RENEE McINTOSH and ABRAHAM STEVEN McINTOSH, III

COPY

ACCEPTANCE BY TRUSTEE

THE McINTOSH FAMILY 2003 REVOCABLE TRUST

We, AGATHA RENEE McINTOSH and ABRAHAM STEVEN McINTOSH, III, have read THE McINTOSH FAMILY 2003 REVOCABLE TRUST July 11, 2003, and hereby accept the appointment of Successor co-Trustees of said trust agreement, effective immediately.

Dated: 1/22, 2016

Agatha Renee McIntosh
AGATHA RENEE McINTOSH

Dated: January 19, 2016

Abraham Steven McIntosh III
ABRAHAM STEVEN McINTOSH, III

ACKNOWLEDGMENT

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STATE OF CALIFORNIA)
) ss.
COUNTY OF Sacramento

On Jan 22, 2016, before me, Sonyu Quoc Nguyen, Notary Public, personally appeared AGATHA RENEE McINTOSH, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Sonyu Quoc Nguyen
Notary Public

